## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>2/21/2010</u>	Address:	211 Cedar St Apt. 5	
Case #:	<u>34F36066</u>		Loogootee, IN	
County:	<u>Martin</u>			
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			check all that annly)	
Chemic:	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open — No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply)  Lithium/Ammonia Reaction(s): Living Room				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents: Living Room, Kitchen				
Water Reactive Metal (Lithium): <u>Living room, Kitchen</u>				
Anhydrous Ammonia: Living Room				
Hydrochloric Acid Gas Generator(s): Living Room				
Corrosive Acid: Living room				
Corrosive Base:				
Other (item and location):				
	,			
Child under age 18 discovered (check one)  ☐ Yes (number present)  ☐ No  *If yes, fax report to Child Protective Services		Ephedrine	<ul> <li>Investigative Information</li> <li>☐ Ephedrine/Pseudoephedrine Tracking Log</li> <li>☐ Retail/Merchant Tip</li> <li>☐ Other:<u>tip</u></li> </ul>	
This report is to be faxed to the following agencies that serve the location:				
	nent: Loogootee Fire	Fax:		
Health Department: Martin County		Fax: Fax:		
Child Protect	tion Service: Martin County	ty		
For further information regarding this methamphetamine laboratory, contact nvestigating Officer: <u>David Qualkenbush</u> Phone <u>812-482-1441</u>				

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.